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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10521673 | <b>Applicant(s)/Patent Under Reexamination</b><br>BOLZ, PETER |
|   | <b>Examiner</b><br>Alpus H Hsu             | <b>Art Unit</b><br>2419                                       |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 370                |                                   | 338      |  |  |  | H                            | 0 | 4 | Q | 7 / 24 ()            |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  | H                            | 0 | 4 | L | 12 / 08 (2008.01.01) |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  | G                            | 0 | 6 | F | 17 / 00 (2008.01.01) |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 370                | 401                               |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 307                | 10,1                              |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 701                | 2                                 |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|   | 1        | 3     | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 2        | 6     | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 3        | 7     | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 1   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

|   |         |                              |                   |
|---|---------|------------------------------|-------------------|
| NONE  |         | <b>Total Claims Allowed:</b> |                   |
|   |         | 9                            |                   |
| (Assistant Examiner)                            | (Date)  | O.G. Print Claim(s)          | O.G. Print Figure |
| /Alpus H Hsu/<br>Primary Examiner.Art Unit 2419 | 11/4/08 | 1                            | 1                 |
| (Primary Examiner)                              | (Date)  |                              |                   |